TRAVEL VOUCHER

							·	Von W	,17239
NAME	OF PAYEE				/.		STATION	·	
	7		•	7_			· ·	Washington, D.	C.
ADDRE	iss *				· ·	Observati W			
-		717	North	Street.	FALLS	Church, V	IFRIDIA		
	I h	ereby	y claim r	eimburseme	ent for per die	em in lieu of s	ubsistence, tro	avel and/or other exp	penses incurred
1	1	و المارية	مادماد ما	nas af affici	al dutida fon	, the paried fo	1400	26 November	10 60
:	•								
,	to	21 20	27.1	oaemper-	19.50	19.50, inclusive, as per itemized statement hereon. The justifica-			
	tion and authority for this claim is as follows:								
						,		•	
	•			<u> </u>	Travel	Order No.	D-1011-51	_dated_22_Nove	mber 1950
			Co	a att	achel	L. EE.	-1-56h	tour	
4		•	•		.*				
					AM	OUNT CLA	MED		
		1	:	(See reve	rse side for compl	lete itinerary and o	detailed itemization	of expenses)	:
	Per die	m	: 1	days	· <u>-</u>	@\$	9.00		13.50
	•							•	
,	Iravel	ana :	incident	ai expenses					69.51
:	Other				······································				2.85
:	•	· TOT	AL		j		<i>-</i>		85.86
								e ausel Diff	
		Pen	Avel :	lávence c	2 87 5,00 (on 24 Nove	mber 1950/	ende le adique	80.86
		-210 G						Dre Payer	
	i Cedi	TEV +L	at the over	onege itamized	on this vouche	or ware necessar		me in connection with of	
	a confi	identia	l nature,	and that I hav	e not been, not	r will I be, reimb	oursed therefor	from any other sources,	Government or
•	private	; and	that this v	oucher and at	tachments, if a	iny, are true and	d correct in all i	respects.	
			***************************************	(0)	· · · · · · · · · · · · · · · · · · ·			(Signature of Payee)	
				(Date)	' 1985 ਦੀ ਨੂਲ 1ਵ	Parima Bard		(Signature of Fulyee)	
APF	APPROVED: "If separated in the incident of				i rom ha ma	भव्यक्तारम् । विकास	8	ECLASSIFIED ARD	RFIFACEDOV
	,				Systema	vio militoria	C	ENTRAL INTELLI	ERCE VEENLA
							S	URCES NETHODSE	(EMPTION SOS
		(Date)	•		(Title)		N A	ZIWAR CRIMES DI	SCLOSURF ACT
CEF	RTIFIC	ATI	ON:		:		Ð.	ATE 2007	A A A A A A A A A A A A A A A A A A A
	I CEDI	TEV th	: at this voi	icher has beer	a examined by	me: that receipt	s or other substa	antiatina data have bee	n furnished me.
I CERTIFY that this voucher has been examined by me; that receipts or other substantiating data have been or satisfactory explanation made for the failure to furnish same; that it appears from such data that the item								emized expendi-	
!	tures w	ere fo	necessa	ry;official purp	oses, reimburse	ement for which	is allowable un	der existing regulations	and that such
ì	expend	titures	are prope	erly chargeabl	e to available (appropriations c	is indicated belo	and you	\$ 80.06
			*				//		** ¢
. :		!		:	1	. 16		y to a	42
1	·	(Date)			(Appropriation—	Allotment)	<u> </u>	(Atthorized Certifying C	officer)